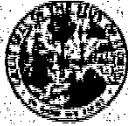


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/3/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 AUG 10 AM 11:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F94000006324 (7)

1. Corporation Name

XIAMEN MENTECH IMP. AND EXP. TRADING CO.

Principal Place of Business

325-1 PENNELL CIRCLE
TALLAHASSEE FL 32310

Mailing Address

325-1 PENNELL CIRCLE
TALLAHASSEE FL 32310

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/12/1994

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

28 Zip

30 Country

4. FEI Number

59-328-5625

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

SU, LEI
BOX 252 DEPT. OF CHEM. FSU
TALLAHASSEE FL 32306

10. Name and Address of How Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	ZHE, LI
STREET ADDRESS	ROOM 1807 HUICHENG BUSINESS CTR
CITY - ST - ZIP	NO.6 HUBINZHONG CHINA
TITLE	VD
NAME	SU, QI
STREET ADDRESS	325-1 PENNELL CIRCLE
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	S
NAME	SU, LEI
STREET ADDRESS	325-1 PENNELL CIRCLE
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	TD
NAME	LI, DONG M
STREET ADDRESS	325-1 PENNELL CIRCLE
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	9545 SW. 24 ST. APT 302
2.4 CITY - ST - ZIP	MIAMI, FL 33165
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	9545 SW. 24 ST. APT 302
4.4 CITY - ST - ZIP	MIAMI, FL 33165
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

QI SU QI SU

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug. 5, 95

(305) 554-5576

CR2E034 (3/95)